PTO/SB/17 (10-08)
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| Under the Paperwo   | red to respond to a collection of information unless it displays a valid OMB control nu |                      |              |  |                        |                          |                       |                |  |
|---|---|----------------------|--------------|--|------------------------|--------------------------|-----------------------|----------------|--|
| Ffective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009   |   |                      |              | Complete if Known  Application Number 10/730,117-Conf. #4321 |                        |                          |                       |                |  |
|   |   |                      |              | <del></del>  |                        | December 9, 2003         |                       |                |  |
|   |   |                      |              |  |                        | Sugio MAKISHIMA          |                       |                |  |
|   |   |                      |              |  |                        | R. M. Bemben             |                       |                |  |
| Applicant claims small entity status. See 37 CFR 1.27   |   |                      |              |  |                        | 2622                     |                       |                |  |
| TOTAL AMOUNT OF PAYMENT (\$) 1,920.00   |   |                      | 7.11. 01.11. |  | 2091-0304P             |                          |                       |                |  |
|   |   |                      |              |  |                        |                          |                       |                |  |
| METHOD OF PAYMENT (check all that apply)  |   |                      |              |  |                        |                          |                       |                |  |
| Check Credit Card Money Order Other (please identify):  |   |                      |              |  |                        |                          |                       |                |  |
| x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP  |   |                      |              |  |                        |                          |                       |                |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |   |                      |              |  |                        |                          |                       |                |  |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  |   |                      |              |  |                        |                          |                       |                |  |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  |   |                      |              |  |                        |                          |                       |                |  |
| FEE CALCULATION   |   |                      |              |  |                        |                          |                       |                |  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES   |   |                      |              |  |                        |                          |                       |                |  |
|   | FILIN   | NG FEES Small Entity | SE           | ARCH FEES Small Entity                                       | EXAMII                 | NATION FEES Small Entity |                       |                |  |
| Application Type  | Fee (\$)  | Fee (\$)             | Fee (\$      |  | Fee (\$)               |                          | Fees P                | aid (\$)       |  |
| Utility   | 330   | 165                  | 540          | 270  | 220                    | 110                      |                       |                |  |
| Design  | 220   | 110                  | 100          | 50   | 140                    | 70                       |                       |                |  |
| Plant   | 220   | 110                  | 330          | 165  | 170                    | 85                       |                       |                |  |
| Reissue   | 330   | 165                  | 540          | 270  | 650                    | 325                      |                       |                |  |
| Provisional   | 220   | 110                  | 0            | 0  | 0                      | 0                        |                       |                |  |
| 2. EXCESS CLAIM FEES Small Entity   |   |                      |              |  |                        |                          |                       |                |  |
| Fee Description Each claim over 20 (including Reissues)   |   |                      |              |  |                        |                          | Fee (\$)<br>52        | Fee (\$)<br>26 |  |
| Each independent claim over 3 (including Reissues)  |   |                      |              |  |                        |                          | 220                   | 110            |  |
| Multiple dependent claims 390 195   |   |                      |              |  |                        |                          |                       |                |  |
|   |   |                      |              | ee Paid (\$)   | N                      | <u>/lultiple Depende</u> |                       |                |  |
| 10 - 20 or HP   |   |                      |              |  | Fee (\$) Fee Paid (\$) |                          |                       |                |  |
| HP = highest number of total of   | laims paid for, if o  | greater than 20.     |              |  | _                      |                          |                       | •              |  |
| Indep. Claims E   | xtra Claims   | Fee (\$)             | F            | ee Paid (\$)   |                        |                          |                       | _              |  |
| 3 or HP =   | <u> </u>  | <del></del>          |              |  |                        |                          |                       |                |  |
| HP = highest number of independent claims paid for, if greater than 3.  |   |                      |              |  |                        |                          |                       |                |  |
| 3. APPLICATION SIZE FEE   |   |                      |              |  |                        |                          |                       |                |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 |   |                      |              |  |                        |                          |                       |                |  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).   |   |                      |              |  |                        |                          |                       |                |  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)   |   |                      |              |  |                        |                          |                       |                |  |
| 100 = /50 = (round up to a whole number) x =  |   |                      |              |  |                        |                          |                       |                |  |
| 4. OTHER FEE(S)   |   |                      |              |  |                        |                          |                       |                |  |
| Non-English Specification, \$130 fee (no small entity discount)   |   |                      |              |  |                        |                          |                       |                |  |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00 1253 Extension for response within third month 1,110.00  |   |                      |              |  |                        |                          |                       |                |  |
|   |   |                      |              |  |                        |                          |                       |                |  |
| SUBMITTED BY  Registration No. 40 420 Telephone (702) 205 9025  |   |                      |              |  |                        |                          |                       |                |  |
| (Attorney/Agent) 40,439   |   |                      |              |  |                        | Telephone                |                       |                |  |
| Name (Print/Type) D. Richard Anderson Da  |   |                      |              |  |                        |                          | Date October 10, 2008 |                |  |